

# **EXHIBIT A**

1 UNITED STATES DISTRICT COURT  
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WESTERN DISTRICT OF WASHINGTON

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4 MARTHILDE BRZYCKI, )  
5 ) Plaintiff(s), )  
6 vs. ) 2:18-cv-01582-MJP  
7 )  
8 HARBORVIEW MEDICAL CENTER, and )  
UNIVERSITY OF WASHINGTON, )  
Defendant(s). )

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9 DEPOSITION UPON ORAL EXAMINATION OF  
10  
11 ELIZABETH SCHURINGA, ARNP

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12  
13 Taken at 1135 116th Avenue NE, Suite 200  
14 Bellevue, Washington

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24 DATE TAKEN: NOVEMBER 5, 2019  
25 REPORTED BY: PATSY D. JACOY, CCR 2348

1       **anxiety diagnosis is mostly based on the patient's**  
2       **self-reports of how they're feeling and what's going on**  
3       **with them.**

4           MS. KNACK: Object to the form.

5       **Q. (BY MS. GREENFIELD) Is that accurate to say,**  
6       **that you would diagnose a patient with anxiety based**  
7       **mostly on self-reports?**

8       A. There are usually other factors to consider.

9       Like I said, is it impacting the quality of their life,  
10      with sleeping or relationships. Things like that are a  
11      major factor as well.

12       **Q. And would you evaluate the impact on the**  
13       **quality of life, the sleeping and the relationships,**  
14       **what information would you use to evaluate that?**

15       A. Yeah, so asking more specific questions about  
16      how they are sleeping, how they are eating, are they  
17      going out with other people, are they staying home all  
18      the time, these are typical questions I ask.

19       **Q. And then based on what the patient reports to**  
20       **you, you would form an opinion?**

21       A. Yes.

22       **Q. As to whether they were suffering from**  
23       **anxiety?**

24       A. Yes.

25       **Q. So in this chart note dated December 7, 2016,**

1 did you assess Ms. Brzycki with anxiety? I'm looking  
2 at page 1912.

3 A. Yes.

4 Q. And what did you base that assessment on?

5 A. It appears that I based that assessment on the  
6 conversation I had with her when she came into the  
7 office.

8 Q. Are there any specific -- anything specific  
9 that she reported to you that supported your assessment  
10 that she was experiencing anxiety?

11 A. I don't remember, but from the note it looks  
12 like the patient describes increased anxiety and  
13 insomnia that has been getting worse and that she  
14 wasn't sleeping well at night and sort of this  
15 impending sense of doom, which is something that we  
16 talk about with anxiety, and headache and things like  
17 that.

18 Q. Did you form an opinion as to what was causing  
19 her anxiety?

20 A. Again, it appears from the chart that it looks  
21 like she described increased anxiety secondary to a  
22 change in the manager at her job and feeling some  
23 increased pressure. And I talk a little bit in my note  
24 about fears of making a mistake at work, even though  
25 she had been practicing for three years and typically

1 feels competent in her work.

2           **Q. If -- so it sounds like your assessment of her**  
3           **anxiety in this case, was that primarily based on her**  
4           **reporting to you about what was going on in her life?**

5           A. Yes, that's what it looks like from this note.

6           **Q. And did you have firsthand knowledge of what**  
7           **was going on with her work situation or what she was**  
8           **experiencing at work?**

9           A. She may have described it in more detail, but  
10           it's been so long I don't remember, aside from reading  
11           this paragraph right here and looking at that.

12           **Q. And so would it be your practice to -- to**  
13           **include in your chart note all of the information on**  
14           **which you were basing your assessment of anxiety?**

15           A. No. So I would say people give me a lot of  
16           detail when they come in and they talk to me. And I  
17           tend to include the basics and I don't include all  
18           those details about all the things, if that makes  
19           sense.

20           **Q. In reviewing this chart note, do you recall**  
21           **any additional details about what Ms. Brzycki told you**  
22           **about what was going on with her work and her life --**

23           A. No.

24           **Q. -- related to anxiety?**

25           A. It's been too long, I don't remember.

1           **Q. Is there anything that you can think of that**  
2           **might help refresh your recollection of what**  
3           **Ms. Brzycki might have told you about her**  
4           **circumstances?**

5           A. No. I would say I -- I don't remember  
6           specifics about the problems she was having in her  
7           office. Yeah.

8           **Q. During this visit on December 7, 2016, did you**  
9           **also assess Ms. Brzycki with panic disorder, is that a**  
10           **diagnosis that you made?**

11           A. It looks like, yes, I did.

12           **Q. And it looks like from this chart note you**  
13           **discussed what panic disorder is and how to control the**  
14           **symptoms. Can you fill me in on both of those?**

15           A. Yeah, I don't remember specifically what I  
16           talked with her about what panic disorder is and how to  
17           control the symptoms. I can speak to generally what I  
18           would tell somebody what panic disorder is and how to  
19           control the symptoms.

20           **Q. If you could give me a brief overview, that**  
21           **would be great.**

22           A. Yeah, so panic disorder, I would usually talk  
23           to somebody about that if they're having particular  
24           episodes where they're feeling highly anxious and they  
25           are unable to do the things they would normally do

1 throughout the day. And a lot of times when people  
2 have panic disorder, they have increased heart rate,  
3 increased breathing, that feeling of doom, and we talk  
4 through ways to control their breathing, to ask for  
5 help if they are feeling bad and to -- kind of  
6 relaxation techniques, and it looks like I talked to  
7 her about those things. And also making sure things in  
8 your normal, every-day life are helpful for encouraging  
9 this behavior as well, like regular time outdoors and  
10 exercise and sleep hygiene.

11 **Q. In general, what are -- back up.**

12 **What is your understanding of the basis for**  
13 **panic disorder about -- of in general what causes panic**  
14 **disorder?**

15 A. Again, I am -- don't want to speak to the  
16 physiological mechanisms of what causes panic disorder.  
17 I would have to review all those things before I speak  
18 if somebody is recording my answers before I do that.

19 **Q. In the patient instructions section of this**  
20 **chart note you wrote that: I would recommend that you**  
21 **strongly consider how to change the situation you are**  
22 **in to support you more or consider the work situation**  
23 **you are in, as it is affecting your health.**

24 **Did you form an opinion as to what was**  
25 **causing -- sorry. Does this reflect an opinion that**

Elizabeth Schuringa, ARNP

11/5/2019

## CERTIFICATE

STATE OF WASHINGTON )  
                      )  
COUNTY OF KING    )

6 I, Patricia D. Jacoy, a Certified  
7 Shorthand Reporter in and for the State of Washington,  
8 do hereby certify that the foregoing transcript of the  
9 deposition of ELIZABETH SCHURINGA, ARNP taken on  
10 November 5, 2019 is true and accurate to the best of my  
11 knowledge, skill and ability.

Patricia D. Jacoy, CSR 2348